BLODGETT®

44 Lakeside Avenue, Burlington Vermont 05401 U.S.A.
Telephone: 1-(800)331-5842 (802)860-3700 • Fax:(802)860-3732

STARTUP PROCEDURE FOR XR8-G ROTATING RACK OVEN

Return form to BLODGETT when job is complete. Submit one form with each unit installed.

SERIAL NO.________________________ MODEL____________DATE OF INSTALLATION____________

CUSTOMER________________________ SERVICE AGENCY________________________

ADDRESS________________________ ADDRESS________________________

CITY____________________ STATE______ ZIP____________ CITY____________________ STATE______ ZIP____________

PHONE:(_____)________________________ PHONE:(_____)____________ MECHANIC________________

GAS: ☐ NATURAL ☐ LP ☐ OTHER____________________ ELECTRIC: ☐ VOLTAGE___________ PHASE____________

The rating plate is located underneath the control panel.

OPERATIONAL START-UP PROCEDURE

Information can be found in the installation manual or by contacting the factory. Write in N/A if not applicable.

1. How many inches clearance on the right side of the oven? ______ Inches
2. What is located to the right of the oven? ____________
3. Is the oven level? If no, level the unit. ______ Yes ______ No
4. How is the oven vented? If under canopy hood, what is the C.F.M rating? ______ Canopy _____ CFM
   If hood is not operational or direct vent is not connected, DO NOT start-up the oven. If venting is not adequate, DO NOT startup the oven. ______ Direct Vent
5. What is the applied voltage to the oven? ______ VAC
6. Are all electrical connections tight? ______ Yes ______ No
7. What is the size of incoming gas line? ______ Inch
8. Confirm that all gas connections are tight and leak tested. ______ Yes ___X___ No
9. Is restraining cable connected if oven is on casters? ______ Yes ______ No
10. What is the regulated manifold pressure? ____ "w.c. ____ mbar ____ kPa
11. What is the static supply pressure with all gas appliances off? ____ "w.c. ____ mbar ____ kPa
12. What is the supply pressure with all gas appliances turned on? ____ "w.c. ____ mbar ____ kPa
13. Are interior components in place and secure? ______ Yes ______ No
14. Is the fan blade unobstructed and turning freely? ______ Yes ______ No
15. Does the door latch and gasket seal properly? ______ Yes ______ No
16. Set the temperature to 400 F. Does unit maintain temperature? ______ Yes ______ No
17. Does the plumbing comply with all applicable codes? ______ Yes ______ No
18. Is the water supply pressure between 30 to 75 PSI? ______ Yes ______ No
19. Is the water regulator flow pressure set to 10 PSI when solenoid is open? ______ Yes ______ No
20. Set the steam time to 20 seconds. Does the water pressure maintain 10 PSI when the water solenoid is open? ______ Yes ______ No
21. Does rotating rack operate smoothly? ______ Yes ______ No
22. Does the rotating rack stop squarely when doors are opened? ______ Yes ______ No
23. Are the rack gudes installed properly? ______ Yes ______ No
24. Is the burner area free and clean of combustibles? ______ Yes ______ No
25. Is the draft inducer area free and clean of combustibles? ______ Yes ______ No
26. Is the flue exhaust guard positioned upward to prevent items from being placed over the flue? ______ Yes ______ No

NOTES:____

____

____

This appliance may be equipped with proprietary features and/or components which are for the exclusive use of the customer indicated above. Further, there may be procedures and/or methods being utilized in preparing this customer's product which may be proprietary. I hereby certify that this information will be held in confidence and not disclosed to any third party for whom it is not intended.

Service Agent's Signature ____________________ Store Manager's Signature ____________________